

## THE CITY OF HIALEAH HOLD HARMLESS AGREEMENT

( \_\_\_\_\_ )

Program/League/Event

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PARTICIPANT \_\_\_\_\_  
LAST FIRST MIDDLE  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
SEX ☐ M ☐ F DATE OF BIRTH \_\_\_\_ / \_\_\_\_ / \_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_  
MONTH DAY YEAR

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PARENT/NATURAL GUARDIAN \_\_\_\_\_  
LAST FIRST MIDDLE  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
HOME TELEPHONE ( \_\_\_\_\_ ) WORK TELEPHONE ( \_\_\_\_\_ )  
RELATIONSHIP TO PARTICIPANT \_\_\_\_\_  
EMERGENCY CONTACT PERSON \_\_\_\_\_ EMERGENCY TELEPHONE ( \_\_\_\_\_ )  
EMAIL ADDRESS \_\_\_\_\_

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### NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF THE CITY OF HIALEAH USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM THE CITY OF HIALEAH IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND THE CITY OF HIALEAH HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

PARTICIPATION: I hereby give permission for the participant named above to take part in the \_\_\_\_\_ with the City of Hialeah. My permission shall be effective upon signing this  
Program/League/Event

Hold Harmless Agreement. I have instructed the participant to obey, at all times, all instructions, orders and commands given by the authorized representatives of the City Hialeah or their designees.

RELEASE OF ALL CLAIMS: The undersigned, individually and on behalf of the participant, releases, covenants not to sue and forever discharges the City of Hialeah, its Officers, Agents, Employees, Coaches, Trainers, Players, Counselors, Physicians, Volunteers, Successors, and assigns, and all other persons, organizations and corporations affiliated therewith (all of whom constitute the "Released Parties") of all liabilities, claims, actions, damages, costs, expenses, or loss of income arising out of or in any way connected with the participant's involvement in the program and interviews, including travel to and from such events/programs, and including injury or damage to person or property, or resulting in death of the participant, whether caused by the NEGLIGENCE of the Released Parties or otherwise.

RELEASE OF INFORMATION: I hereby authorize the City of Hialeah to use the participant's name, likeness, actions, interviews, and biographical data (collectively referred to as the "Information") in connection with the program and interviews and/or for promotional purposes. I hereby release the Released Parties from any claims or liabilities of any kind arising out of or in connection with the making or use of the information. I acknowledge that the participant is to receive no compensation or other consideration for the use of the information.

CONSENT TO TREATMENT: I authorize such physician or medical staff as the City of Hialeah may designate to carry out any minor medical treatment deemed necessary, or to take the participant to the emergency room of the nearest hospital for treatment, if necessary.

I, the undersigned, am the parent/guardian of the participant. I have read and fully understand the provisions of the above Hold Harmless Agreement and have explained them to the participant. I hereby agree that the participant and I will be bound thereby.

Under penalties of perjury, I declare that I have read the foregoing Hold Harmless Agreement and the facts stated therein are true.

\_\_\_\_\_  
Signature of Parent/Natural Guardian

DATE: \_\_\_\_\_